Ratio 1. **The number of claims closed without payment compared to the total number of claims closed**

\[
\frac{\# \text{ of claims closed without payment}}{\# \text{ of claims closed with payment} + \# \text{ of claims closed without payment}}
\]

Ratio 2. **Percentage of claims unprocessed at the end of the period**

\[
\frac{\# \text{ of claims open at the beginning of period} + \# \text{ of claims opened during period} - \# \text{ of claims closed with payment} - \# \text{ of claims closed without payment}}{\# \text{ of claims open at the beginning of period} + \# \text{ of claims opened during the period}}
\]

Ratio 3. **Percentage of claims paid beyond 60 days**

\[
\frac{\# \text{ of claims settled beyond 60 days}}{\# \text{ of claims settled for all durations}}
\]

Ratio 4. **Non-renewals to policies in force**

\[
\frac{\# \text{ of non-renewals}}{\# \text{ of policies in force}}
\]

Ratio 5. **Cancellations over 60 days to policies in force**

\[
\frac{\# \text{ of cancellations 60 days or more after the effective date}}{\# \text{ of policies in force}}
\]

Ratio 6. **Cancellations under 60 days to new policies issued**

\[
\frac{\# \text{ of cancellations that occur in the first 59 days after effective date}}{\# \text{ of new policies issued}}
\]

Ratio 7. **Suits opened during the period to claims closed without payment**

\[
\frac{\# \text{ of suits open during the period}}{\# \text{ of claims closed without payment}}
\]
Life & Annuity

Schedule 1 - Individual Cash Value Products (ICVP)

Ratio 1. The number of replacements issued compared to the number of new policies issued

\[
\left( \frac{\text{# of replacement policies issued}}{\text{# of new policies issued}} \right)
\]

Ratio 2. The number of policies replaced where the age of the insured at replacement was greater than or equal to 65 compared to the total number of replacements

\[
\left( \frac{\text{# of replacements where age } \geq 65}{\text{# of replacements where age } < 65 + \text{# of replacements where age } \geq 65} \right)
\]

Ratio 3. The number of surrenders compared to the number of policies issued

\[
\left( \frac{\text{# of surrenders}}{\text{# of new policies issued}} \right)
\]

Ratio 4. The number of policies surrendered through 10 years from policy issue compared to the total number of surrenders

\[
\left( \frac{\text{# of surrenders } < 2 \text{ years from issuance} + \text{# of surrenders } 2 - 5 \text{ years from issuance}}{\text{# of surrenders } 6 - 10 \text{ years from issuance} + \text{Total surrendered during the period}} \right)
\]

Ratio 5. The number of claims paid beyond 60 days from the date of due proof of loss compared to the number of claims paid

\[
\left( \frac{\text{# of claims paid beyond 60 days}}{\text{# of claims paid within 60 days} + \text{# of claims paid beyond 60 days}} \right)
\]

Ratio 6. The number of claims denied, resisted or compromised compared to the number of claims closed

\[
\left( \frac{\text{# of claims denied, resisted or compromised}}{\text{# of claims paid within 60 days} + \text{# of claims paid beyond 60 days} + \text{# of claims denied, resisted or compromised}} \right)
\]

Ratio 7. The number of complaints received directly from consumers per 1,000 policies in force

\[
\left( \frac{\text{# of complaints received from consumers}}{\left( \text{# of policies in force} \div 1,000 \right)} \right)
\]
Schedule 2 - Individual Non-Cash Value Products (INCVP)

Ratio 1. The number of replacements issued compared to the number of policies issued

Ratio 5. The number of claims paid beyond 60 days from the date of due proof of loss compared to the number of claims paid

Ratio 6. The number of claims denied, resisted or compromised compared to the number of claims closed

Ratio 7. The number of complaints received directly from consumers per 1,000 policies in force

Schedule 3 - Individual Fixed Annuities (IFA) and
Schedule 4 - Individual Variable Annuities (IVA)
(Separate ratios are provided for each schedule)

Ratio 1. The number of replacements issued compared to the number of contracts issued

Ratio 2. The number of contracts replaced where the age of the annuitant at Replacement was > 80 to the total number of replacements

\[
\left( \frac{\text{# of replacements where age } > 80}{\text{# of replacements issued during the period}} \right)
\]

Ratio 3. The number deferred annuity contracts issued to annuitants more than 80 years old compared to total deferred annuities issued

\[
\left( \frac{\text{# of new deferred contracts issued where age was } > 80}{\text{# of new deferred contracts issued during period}} \right)
\]

Ratio 4. The number of contracts surrendered through 10 years from contract issue compared to the total number of surrenders

Ratio 7. The number of complaints received directly from consumers per 1,000 contracts in force
Long Term Care

Schedule 1 - General

Ratio 1. The percentage of replacements to new business issued
\[
\left( \frac{\text{# of internal replacement policies issued} + \text{# of external replacement policies issued}}{\text{# of new business policies issued}} \right)
\]

Ratio 2. The number of complaints per 1,000 policies in-force as of the end of the reporting period
\[
\left( \frac{\text{# of complaints received from consumers}}{\left( \frac{\text{# of policies in force}}{1,000} \right)} \right)
\]

Schedule 2 - Claimants

Ratio 3. The average number of claimants per policy in-force
\[
\left( \frac{\text{# of claimants approved for benefits at the end of the period}}{\text{# of policies in - force}} \right)
\]

Schedule 3 – Claimant Requests Denied/Not Paid

Ratio 4. The percentage of denied claimant requests to new claimants
\[
\left( \frac{\text{# of requests denied or not paid}}{\text{# of new claimants during the period + # of pending claimant requests at the beginning of period}} \right)
\]

Schedule 4 – Claimant Request Determination Timeliness

Ratio 5. The percentage of claim determination made more than 60 days from notice of claim
\[
\left( \frac{\text{# of claim determinations made within 60 to 90 days + claim determinations made beyond 90 days}}{\text{Total # of claim determinations made}} \right)
\]

Schedule 5 – Benefit Payment Requests

Ratio 6. The percentage of benefit payment requests denied
\[
\left( \frac{\text{# of payment requests denied or not paid}}{\text{total requests received + total requests pending at beginning of period}} \right)
\]

Schedule 6 – Benefit Payment Request Timeliness

Ratio 7. The percentage of benefit request payments made more than 60 days from notice of request
\[
\left( \frac{\text{# of benefit requests paid within 60 to 90 days + benefit requests paid beyond 90 days}}{\text{total # of benefit payments paid}} \right)
\]
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Ratio 8. The percentage of benefit request denials made more than 60 days from notice of request

\[
\left( \frac{\text{benefit requests denied or not paid within 60 to 90 days} + \text{benefit requests denied or not paid beyond 90 days}}{\text{total # of benefit requests denied or not paid}} \right)
\]

Schedule 7 - Lawsuits

Ratio 9. The percentage of lawsuits closed with consideration for the consumer

\[
\left( \frac{\text{# of lawsuits closed with consideration for consumer}}{\text{total # of lawsuits closed during the period}} \right)
\]
Health

Both In-Exchange and Out-of-Exchange Markets

Ratio 1. The number of claim denials to the total number of claims received (Excluding Pharmacy)

\[
\left( \frac{\text{# of claim denials for in-network claims} + \text{# of claim denials for out-of-network claims}}{\text{# of claims received}} \right)
\]

Ratio 2. Percentage of in-network claims (Excluding Pharmacy)

\[
\left( \frac{\text{# of claims submitted by network providers}}{\text{# of claims received}} \right)
\]

Ratio 3. Percentage of out-of-network claims (Excluding Pharmacy)

\[
\left( \frac{\text{# of claims submitted by out-of-network providers}}{\text{# of claims received}} \right)
\]

Note: Ratios 2 and 3 are not calculable for Pharmacy.

Ratio 4. Percentage of in-network claims paid within 30 days (Excluding Pharmacy)

\[
\left( \frac{\text{# of claims paid within 0 to 30 days for in-network services}}{\text{# of paid claims for in-network services}} \right)
\]

Ratio 5. Percentage of in-network claims denied within 30 days (Excluding Pharmacy)

\[
\left( \frac{\text{# of claims denied within 0 to 30 days for in-network services}}{\text{# of claim denials for in-network claims}} \right)
\]

Ratio 6. Percentage of out-of-network claims paid within 30 days (Excluding Pharmacy)

\[
\left( \frac{\text{# of claims paid within 0 to 30 days for out-of-network services}}{\text{# of claims paid for out-of-network services}} \right)
\]
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## Ratio 7. Percentage of out-of-network claims denied within 30 days (Excluding Pharmacy)

\[
\left( \frac{\# \text{ of claims denied within 0 to 30 days for out-of-network services}}{\# \text{ of claims denied for out-of-network services}} \right)
\]

## Ratio 8. Percentage of claims paid (Pharmacy Only)

\[
\left( \frac{\# \text{ of claims paid for in-network services} + \# \text{ of claims paid for out-of-network services}}{\# \text{ of claims received}} \right)
\]

## Ratio 9. Insured co payment responsibility to covered lives (Excluding Pharmacy)

\[
\left( \frac{\text{insured co payment responsibility}}{(\text{member months for policies issued} + \text{member months for policies renewed})/12} \right)
\]

## Ratio 10. Insured coinsurance responsibility to covered lives (Excluding Pharmacy)

\[
\left( \frac{\text{coinsurance responsibility}}{(\text{member months for policies issued} + \text{member months for policies renewed})/12} \right)
\]

## Ratio 11. Insured deductible responsibility to covered lives (Excluding Pharmacy)

\[
\left( \frac{\text{deductible responsibility}}{(\text{member months for policies issued} + \text{member months for policies renewed})/12} \right)
\]

## Ratio 12. Cost sharing responsibility to covered lives (Pharmacy Only)

\[
\left( \frac{\text{insured co payment responsibility} + \text{coinsurance responsibility} + \text{deductible responsibility}}{(\text{member months for policies issued} + \text{member months for policies renewed})/12} \right)
\]

## Ratio 13. Adverse determination grievances per 1,000 member months

\[
\left( \frac{\# \text{ of customer requests for internal reviews of grievances involving adverse determinations}}{(\text{member months for policies issued} + \text{member months for policies renewed})/1000} \right)
\]

## Ratio 14. Adverse determinations overturned to total grievances involving adverse determinations

\[
\left( \frac{\# \text{ of adverse determinations overturned}}{\# \text{ of customer requests for internal review of grievances involving adverse determinations}} \right)
\]
Ratio 15.  **Adverse determinations upheld to total grievances involving adverse determinations**

\[
\left( \frac{\# \text{ of adverse determinations upheld}}{\# \text{ of customer requests for internal review of grievances involving adverse determinations}} \right)
\]

Ratio 16.  **Grievances not involving adverse determinations per 1,000 member months**

\[
\left( \frac{\# \text{ of requests for internal reviews of grievances not involving adverse determinations}}{\left( \text{member months for policies issued} + \text{member months for policies renewed}/1000 \right)} \right)
\]

Ratio 17.  **Customer requested appeals on final adverse determinations to an external review organization (ERO) per 1,000 member months**

\[
\left( \frac{\# \text{ of customer requested appeals on final adverse determinations to an ERO}}{\left( \text{member months for policies issued} + \text{member months for policies renewed}/1000 \right)} \right)
\]

Ratio 18.  **Final adverse determinations upheld upon request for external review to number of requested appeals on final adverse determinations to an external review organization (ERO)**

\[
\left( \frac{\# \text{ of final adverse determinations upheld upon request for external review}}{\# \text{ of customer requested appeals on final adverse determinations to an ERO}} \right)
\]

Ratio 19.  **Final adverse determinations overturned upon request for external review to number of requested appeals on final adverse determinations to an external review organization (ERO)**

\[
\left( \frac{\# \text{ of final adverse determinations overturned upon request for external review}}{\# \text{ of customer requested appeals on final adverse determinations to an ERO}} \right)
\]